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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/452,281 03/05/2003 *DA*

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>TS</i>	STATE OR COUNTRY CANADA	SHEETS DRAWING 0	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

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TITLE

Hepatitis C inhibitor compound

FILING FEE RECEIVED 1224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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